PLEASE TYPE OR PRINT DO NOT DETACH ☐ Ms. JOHN Mr. Artist (Last Name Last) Permanent BERUN Address Daytime Tel. (216) Zip Area Code Temporary or Studio Address Street City Daytime Tel. (216) 775 - 8469 Zip Area Code If you do not presently live in one of the counties of the Western Beserve, in which county were you born?

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

(If Any)

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense

to this address:

Special Instructions

Collaborator

ENTRY BLANK

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

DO NOT DETACH

ENTRY BLANKS

1. Painting 4. Sculptur	s ☐ 2. Graphic re ☐ 5. Crafts	s	notography
Materials			
ACRYLIC O	SN CANUA	S	
Title REMEMB	RANCES ,	45"	
Price or NFS 9500 30	Insurance Value if NFS Only	93°	'×84"
GRAPHICS AND PHOTOGRAPHY ONLY			
Additional No. To: For Sale	tal No. in Edition	Price Unframed	Price of Frame
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2 1. Paintin 2 4. Sculptu Materials ACRYLIC of Title "REMEMBER Price or NFS 49500 GRAPHICS Additional No. For Sale	Insurance Value If NFS Only AND PHOTOGRAF al No. in Edition	Size 95	3" × 78" Price of Frame
2 1. Paintin 1 4. Sculptu Materials ACRYLIC ON Title "REMEMBER Price or NFS \$9500 GRAPHICS Additional No. For Sale	Insurance Value If NFS Only AND PHOTOGRAF al No. in Edition WRITE IN ACC	Size 95	3" × 78"